PATENT APPLICATION FEE DETERMINATION RECOR										10/01/860					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	EN	m r Y □	OR	OTHER SMALL			
TOTAL CLAIMS			69					RAT	E	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC I	ĒĒ	370.00	OR	BASIC FEE	740.00		
TOTAL CHARGEABLE CLAIMS			69 minus 20=		• 49			X\$ 9= 441		4417	OA	X\$18=			
INDEPENDENT CLAIMS			4 minus 3 =		•		X42=			42	OR	X84=	-1A		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT								222	,			
* If the difference in column 1 is less than zero, enter "0" in column 2							+140	_		OR	+280=				
•								TOTA	L	853	OR	TOTAL			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									L E	NTITY	OR	OTHER SMALL			
	(Column 1) CLAIMS REMAINING AFTER			HIGH	HEST ABER PRESENT OUSLY EXTRA					ADDI-			ADDI-		
IT A				PREVIO			RATI		.	TIONAL		RATE	TIONAL		
AMENDMENT		AMENDMENT	PAID		FOR				\dashv	FEE			FEE		
END	Total	, 6		** (<u> </u>	- 13		X\$ 9	1		OR	X\$18=			
¥	Independent	NTATION OF M	Minus DEDE	NDENT	CLAIM		1	X42:		516	OR	X84=			
	PINST PRESE	HATION OF MI	DETIFUE DEFE	.1405141	COUNT		,	+140	=		OR	+280=			
1 1 1									AL EE	516	OR	TOTAL ADDIT, FEE			
1	417104	(Column 1)		(Colui	mn 2)	(Column 3)		~~			•		-		
INT B	CLAIMS REMAINING		HIGH NUM] [·	٦	ADDI-			ADDI-		
		AFTER AMENDMENT	j	PREVIO	DUSLY	EXTRA	П	RATE		TIONAL FEE		RATE	TIONAL		
AMENDMENT	Total	. 69	Minus	en (e9	: ~		X\$ 9:	-		OR	X\$18=	1 4-6-		
ME	Independent	. 16	Minus	***	16	-]]	X42=			OR	X84=			
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											222			
								+140:	_		OR	+280=			
								TOT ADDIT. F			OR	ADDIT. FEE			
		(Column 1)		(Colu		(Column 3)									
AMENDMENT C		CLAIMS REMAINING			BER	PRESENT	l	RATE	\Box	ADDI- TIONAL		CATT	ADDI- TIONAL		
		AFTER AMENDMENT		PREVIO PAID		EXTRA	┚┃	HAIE		FEE		RATE	FEE		
	Total	•	Minus	**		=		X\$ 9:			OR	X\$18=			
	Independent	•	Minus	***		=]	X42=	_		OR	X84=			
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								┥		UH				
+140=											OR	+280=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR	TOTAL ADDIT. FEE			
•	If the "Highest Nu The "Highest Num	mber Previously Pa ther Previously Pa	aid For IN THIS ld For (Total or I	SPACE Independ	is less tha ent) is the	in 3, enter "3." highest numb	er fou	ınd in the	app	ropriate bo	in coi	lumn 1,			

Application or Docket Number